	No.	Yes	child because duct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, tran first consulted	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
	§   <u>\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex</u>	Yes	trusts" need not	is of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standard ing you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
	Ø	DESTION	F THESE Q	MATION - ANSWER EACH OF THESE QUESTIONS	ST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	the onse.	wered and Yes" response	must be ansved for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No 🔲	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
	\$	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	<b>§</b> ⊠	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
	₹ 🖂		or before the date	Vill. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S D	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
1/p	S S	Yes	receive any the reporting )?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No M	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
	₹   <u>\</u>	Yes	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	ON	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes to yes, complete and attach Schedule I.
				E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
	nssessed es more	penalty shall be assessed anyone who files more days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Employing Office:  Termination Date:	Officer or Employee	Status House of Representatives District:  Report Annual (May 17, 2010)  State: Old Type Annual (May 17, 2010)
	မှ မှ	2010 MAY 25 PM 3: 33	2010 HZ	ee	Daytime	Under H. Coffe
_	ERED	DELIVERED	7. Fig. 14.	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
	;	:			j ,	to complete the complete two co

Name	
5	
hicker	
H	
Coffee	
P	
<u></u>	4
Page 3 o	
1012	
	_

## SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

ve pay), lederal remement programs, and barist	its received direct the Social Security Ass.	County Cross
Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
ίση	Spouse Salary	NA
	PERA	\$ 54 000
State of Coloredo	State Empere #122 000	\$122 000
	The same of the sa	
	The state of the s	
	The state of the s	

	•
Name	
ģ	
ได้	
K	
<b></b>	
•	
<u></u>	
D-	
ית	
6	
$\sim$	
(	
سيا	
[[]	
1	
١,	
h	
( )	
(A)	
12.	
杯~>	
<u>ہ</u> کا	
17	
12	
IC.	
	_
ס ל	
Pag	
age	
115	
ge 4 or 10	
0	
II.	
10	

# SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
	Article	Aug. 13, 2009	\$500
	The state of the s		
		The state of the s	
			The same of the sa

Asset and/	. SCH Conti	SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	7 5	Z			1 2	1 6	1.	1	Į.	1	Ì	1	┥	1			. }	1	<b> </b>	Name Michael	115	118	( IX	11	$-11^{\circ}J$			$-11^{\circ}J$	-117J	$-11^{\circ}L$	$-11^{\circ}L$	$-11^{\circ}L$
None   >		BLOCK A Asset and/or Income Source	فنهوا تحيال فيالمندا البدير المرد			<i>≲</i>	쿹쏬┈		2 th 5	SS Dr	<u>ĕ</u>								<b>Q</b> m	<b>5</b> ₹ ∑	8 8 8	me C			<b>~</b>	Am	Amou	BLC Amount	BLOCK Amount of	BLOCK D  Amount of Inc	BLOCK D Amount of Incor	BLOCK D  Amount of Income	BLOCK D  Amount of Income	BLOCK D  Amount of Income
None \$1 ~ \$1,000 \$1,001 ~ \$15,000 \$15,001 ~ \$50,000 \$50,001 ~ \$100,000 \$100,001 ~ \$250,000 \$500,001 ~ \$1,000,000 \$1,000,001 ~ \$5,000,000 \$250,000,001 ~ \$5,000,000 \$25,000,001 ~ \$5,000,000 \$25,000,001 ~ \$5,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	SP.		⋗	σı	O	0	m	77	വ	I	-	7	, ,												=]	=	=]	131 V V	1	1	וווע ווע וע ען עו ווו	131 V V		אן וווע וע ען עון ווון וון
None \$1 - \$1,000 \$1,001 - \$15,00 \$15,001 - \$50,0 \$15,001 - \$50,0 \$100,001 - \$250 \$250,001 - \$50 \$500,001 - \$1,00 \$1,000,001 - \$5 \$500,001 - \$5 \$500,001 - \$5 \$55,000,001 - \$5 \$2	7 R			· · · · · ·	0		,000	0,000	0,000	100,000	,000,000										ND TRUST		ye								O	00	0 00 0,000	0 00 0,000
Central Property	5		None	\$1 ~ \$1,000	\$1,001 - \$15,000		\$50,001 \$100,0	\$100,001 \$250	\$250,001 \$500.	\$500,001 - \$1,00	\$1,000,001 ~ \$5,0				توالي الواتي المرابع النم المرابع						EXCEPTED/BLIN	•		None	<b>\$1 - \$200</b>	\$1 - \$200 \$201 - \$1,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500	\$1 - \$200 \$201 - \$1,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500	\$1 \$200 \$201 \$1,000 \$1,001 \$2,500 \$2,501 \$5,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000
	2	1							×					-	-	_	- [ -						_						*	X	X	*	*	*
																	<del></del>																	
														1-	-																			
														<b>†</b>	<del> </del>		1	1			L			_	-	<del> </del>								
			$\top$			T	T						1	<del> </del>	+-				1		$\perp$				-									
				T		7							1				<del></del>																	
															┝╼┥																			
			1			T			7	7	1	1			+																			
		e de la companya del la companya de	1							1		_	7	_	<del></del>																			
															<del> </del>	<del></del> -∔	1																	
														1	+	<del> </del>	<del> </del>	<del> </del>							 									
											Ţ	<del>                                     </del>		<del> </del>	<del> </del>	+	┼		1	1	1_		<u> </u>	-	-	<del> </del>								
							}							1	+	+-	┼-		1	1_	1		1	-	-	-								
		والمساور المساور والمساور والم				T			}	1	T			1	+	-	┼	<u> </u>	-				1	+	-	<del> </del>								
														<del>                                     </del>	+	<del> </del>		]_	1	_			4_											

This page may be copied if more space is required.

## SCHEDULE IV- TRANSACTIONS

Name

Page\_\_\_

																SP Example: Mega Coporation Common Stock (partial sale)	SP DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the burchase or sale of your personal residence, unless it gener-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
											ļ							PURCHASE		of Tr
																×		SALE		Type of Transaction
																		EXCHANG		tion
																		Check Box if Gain Exceed	Capital ed \$200	)
									***************************************							10-12-09		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
																		\$1,001- \$15,000	œ	
		ļ								-						×		\$15,001- \$50,000	0	
_															<u></u>	L		\$50,001- \$100,000	0	Amc
1		-	ļ	ļ									-	<u> </u>		_		\$100,001 \$250,000	m	unt
		-	-			-		-		<u> </u>				ļ		_	-	\$250,001- \$500,000	711	Of Ti
<u> </u>	-	-	-		<u> </u>		-		<u> </u>					<del> </del>		<u> </u> _		\$500,001- \$1,000,000	Ω	Amount of Transaction
_	ļ	-	-	-	-	-			-	<del> </del>	-					_	-	\$1,000,001- \$5,000,000	<b>=</b>	actio
_	-	-	-	-						<u> </u>	<del> </del>					_	_	\$5,000,001 \$25,000,000	_	3
-			-	-		-				-					-	1	_	\$25,000,001- \$50,000,000 Over		
																L		\$50,000,000		

SCHEDUL
EV-L
<b>IABILITI</b>
E

ŧ		
	Name	
ı	==	ĺ
١	<b> </b> ≥	
Į		
l		
l	1	
١	工	
ĺ	1	
l	0	
l	(C)	
١	F	
l	15	
I	15	
١	<i>V</i>	
I	1	
	R	

Page Pol-

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

		8		- 5,5,5,5		
	leyber St know	City I make of De harves I am	Example: First Bank of Wilmington, Delaware	Creditor		
	lender St bust	bustance on 1030	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	В	
				\$15,001- \$50,000	ဂ	
				\$50,001- \$100,000	미	
	×		×	\$100,001- \$250,000	т	Amou
	1		_	\$250,001- \$500,000	'n	mt of
	<del> </del>			\$500,001- \$1,000,000 \$1,000,001-	ଜ	Amount of Liability
	<del> </del>		-	\$5,000,000 \$5,000,000	=	ty
_	ļ		_	\$25,000,001 \$25,000,000 \$25,000,000	_	
			-			

#### SCHEDULE VI - GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	Source	Description	Value
_	Example: Mr. Joseph H. Smith, Anytown, Anystate	Sliver Platter (determination on personal friendship received from Committee on Standards)	\$345
<del></del> -			

Name	
July 1	
F. (C)	
ras	1
Page 9 of 16	

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

a spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

Source	Date(c)		odaina?	Fond?	Was a Family	Number of days not
OCCITA	Duito(a)	City of Return	(N/X)	(Y/N)	(Y/N)	at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Examples: Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	¥	Y	2 Days
TI. Harden Foundation heb 5-7 N. B. Stinger-DC	Feb S-7	M. B. Hiner DC	<b>C</b>	2	Į,	None
Darrie Terrol F.O. A			-			
Fo. Alation						
hick Coffinen	Pul-8	the 1-8 Dr. Tell Dow - Draws	2	2	2	
C. Alia Collago	1. a	C. this Collage Who I-a Willands Tellibour Drawe	ς ~	- کا	Ę	200
	0	•				
						The state of the s
					,	

#### SCHEDULE VIII—POSITIONS

	Name	
	المراجعة المراجعة	-
	C #.	<i>&gt;</i> ニ
4	allea	` }
	7	

Page Oof LE

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiorganization, or any educational or other institution other than the United States.

			Position	
			Name of Organization	

### SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

 	1		
			Date
			Parties To
			Terms of Agreement